GERONTOLOGY INSTITUTE

UNIVERSITY OF MASSACHUSETTS AT BOSTON

Assessment of Closing of Public Chronic Disease Hospitals: Patient Survey

by

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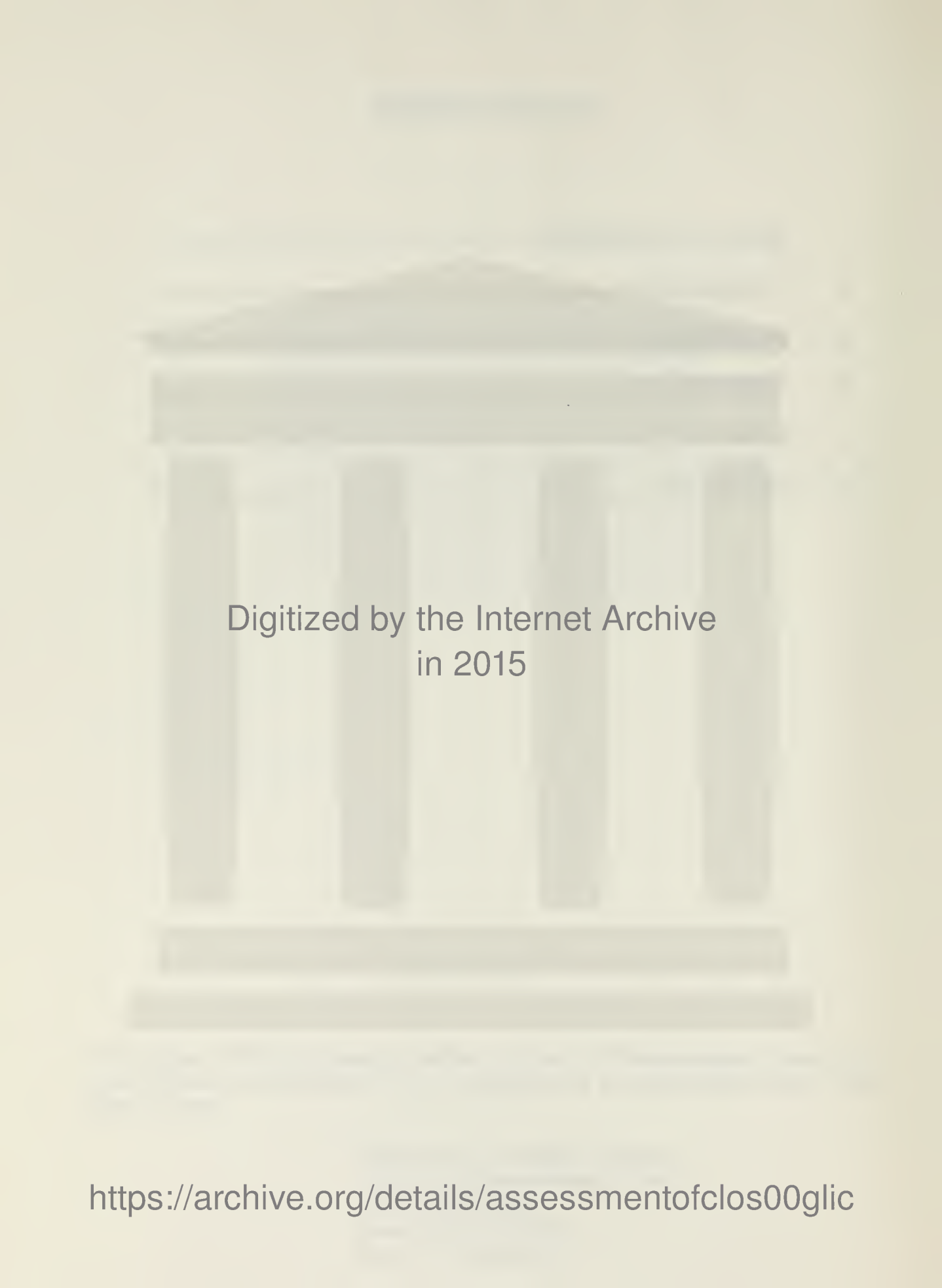

I. EXECUTIVE SUMMARY

The report provides patients' perspectives on their relocation as a result of the closing of three public chronic disease hospitals in Massachusetts in 1991 and early 1992. The closed facilities were Cushing, Lakeville, and Rutland Heights. Two previous reports on the closings have been issued by the Gerontology Institute; one discusses a survey of patient representatives (mostly family) and the other, the policy context of the closings and the actual relocation of patients. Three other reports are yet to be released.

Methodology

The interview sample was drawn from a list provided by the Department of Public Health of all patients from the three hospitals judged to have the cognitive capacity to participate in personal interviews. The list included 60 names. The sampling plan was purposive. Among the factors considered was a preference for patients with longer stays in the discharging hospitals. Interviews were completed with 20 patients.

Interviews were conducted by professionals who combined strong research backgrounds with extensive service experience with functionally disabled older people. A semi-structured interview guide was used. Interviews were conducted on a face-to-face basis in the new health care settings. On the average, patients had been in the new facility for approximately 18 months prior to the interview.

Findings

Interviewed patients were generally positive about the quality of care they were receiving in the new facilities. Some patients, in fact, were functioning more independently in the new facilities. Improvements in functioning were attributed to the greater emphasis on

rehabilitation in the new facilities. A major recurring theme, however, was that they missed the "homelike" qualities of the closed public health hospitals. Although they acknowledged the better care they were receiving in the new facilities, a number would have preferred a return to the public hospital because it was more like home. These patients recalled that at the public hospitals staff had more time to socialize with patients and to be attentive to their personal needs beyond their physical care.

Almost all patients commented on the improved quality of the food in the new facilities as compared to the closed public hospitals.

For some patients, privacy was a concern. Although patients tended to rate the physical surroundings of the new facility as superior to the public hospital, a number reacted unfavorably to a reduction in privacy.

Patients recalled that they had been angry and upset about the relocation. However, most acknowledged that the transfer process had been smooth and that their anger was short term.

Implications

Because the sample was purposive and small and interviews were qualitative, the findings are suggestive rather than conclusive.

The tendency of patients to regret the loss of the homelike quality of the public hospital suggests a need for nursing homes to take steps to strengthen this quality of patient experiences. Both attention to staff/patient ratios and training to improve the quality of staff interaction with patients may be needed.

Overall, the findings suggest that the relocation of old and frail patients can be successful when the transfer process is handled sensitively and patients are transferred to attractive facilities providing high quality care.

II. INTRODUCTION

This report is the third of a series to be published by the Gerontology Institute at the University of Massachusetts Boston concerning the effects of the closings of three public chronic-disease hospitals in Massachusetts. The first report presented the findings of a survey of patient representatives (primarily family members) regarding the transfer process and its immediate effects on patients. The second report examined the policy context in which the closure decisions were made, their implementation, and the relocation of patients. Subsequent reports will examine:

- The effects of relocation on the survival (morbidity) of patients, or the survival rate;
- The effects of relocation on the functional status of patients; and
- The extent to which the Commonwealth of Massachusetts has achieved cost savings as a result of the hospital closings.

The report provides patients' perspectives on their relocation as a result of the closing of the three public chronic-disease hospitals. The survey on which it is based was designed as a limited qualitative study of patients' experiences with the relocation process and their satisfaction with their current health care settings. Patient interview data are used only to identify and illuminate issues. Because the sample was selected and small, the patient study does not permit generalization. However, these data are considered an important dimension in evaluating the effectiveness of relocation and will complement and supplement the other aspects of the larger research project on the hospital closings.

III. BACKGROUND

In 1991 and early 1992, the Commonwealth of Massachusetts, in an effort to reduce public hospital costs in a period of fiscal crisis, closed three of its seven public chronic disease hospitals: Cushing, Lakeville, and Rutland Heights. Cushing Hospital, located in Framingham, served a geriatric chronic care population; Lakeville Hospital, located in southeastern Massachusetts, provided chronic care services both to a pediatric population and adult long-term care patients; and Rutland Heights Hospital in central Massachusetts served a diverse mixture of elderly long-term care clients and other chronic care patients. In the months just prior to the announcement of the closures, the patients in the three facilities numbered 388 (Cushing, 236; Lakeville, 82; and Rutland Heights, 70).

The closing of the three public chronic disease hospitals was part of a larger state-facility consolidation initiative involving not only the Department of Public Health (DPH) but also the Departments of Mental Health (DMH) and Mental Retardation (DMR). The closings of these particular hospitals were recommended by the Special Commission on Facility Consolidation appointed by Governor William Weld. The Commission also recommended the closing of three mental health and three mental retardation facilities. The Commission in a report prior to the closures (Governor's Special Commission, 1991) set standards for the process of transferring patients to new facilities and for the quality of services to be received by patients in the new facilities.

The Commission decided that the closings would both reduce public patient-care costs and improve the quality of patient care. In some cases, the closings would halt expenditures for maintenance and operation of structurally deficient facilities. Instead, state monies would

be used to purchase high quality care in institutions well suited to meet patient needs. The Commission ascertained that because of the condition of the state facilities and other reasons including employee costs, the provision of quality care was more expensive in the three state public health hospitals than equivalent or better care would be in nursing homes and other chronic care settings.

IV. METHODOLOGY

The Department of Public Health (DPH) prepared a list of all patients removed from the three hospitals judged to have the cognitive capacity to participate in personal interviews. The list contained 60 names: 12 discharged from Rutland; 27 discharged from Lakeville, and 21 discharged from Cushing. In addition to the patients' names, this list indicated the hospital from which the patient had been discharged and the name and location of the current facility in which they currently resided. The Department of Public Health also provided another listing of names including:

- the date of admission to the discharging hospital,
- the date of birth of the patient, and
- the address and phone number of the current facility.

From the list of 60 patients, a sample of 20 was selected to be interviewed. Selection was based on several criteria: proportion of patients discharged from each of the three hospitals; length of time spent in the discharging hospital with preference given to those with longer lengths of stay; and proximity of the current facilities to the greater Boston area. This last criterion was based on the need to control interviewers' travel costs and resulted in the

nonselection of a few patients relocated either out of state (in Rhode Island) or in western Massachusetts. The initial sample included 4 patients from Rutland, 8 from Cushing, and 8 from Lakeville. The sample was expanded to include three more names when initial calls revealed that three interviews could not be completed: one former Cushing patient had died since the move; another former Cushing patient was not fluent enough in English to participate; and a former Lakeville patient refused to be interviewed. Other patients relocated from the same hospitals as these three were substituted.

An interview guide was developed to facilitate semi-structured, face-to-face interviews with patients in their new health care settings. The interview guide included: satisfaction with care in the current facility; assessment of the relocation process; and relative preference for the current and former facilities on a variety of dimensions including quality of health care, quality of residential services, and opportunities for interaction with family members and with other patients. Although the list of patients to be interviewed was screened by DPH staff to omit those with cognitive problems, several of the interviewees did evidence various levels of confusion. Also, because of their chronic illnesses and disabilities, a number had problems with communication and could only speak haltingly. As a result, the length and depth of the interviews varied considerably.

Two interviewers with strong research backgrounds and extensive experience in working with frail and disabled persons were selected. One interviewer was a nurse with a doctorate in social planning and administration and previous employment in the home health care field. The other interviewer was a social worker currently completing a doctorate in psychology with previous employment as a case manager for elders and as a planner and

program developer of elder service programs. Each interviewer was responsible for completing 10 interviews. Interviewers were provided with background materials on the relocation process and the hospital closures. They also attended a half-day training session on the research goals of the project and on survey implementation.

To facilitate the interviewing process, DPH sent letters to administrators at the facilities in which the sample clients were residing. The letters explained the purpose of the research and indicated that an interviewer from the Gerontology Institute would contact the facility to arrange a patient interview. These letters were sent at the end of May 1993.

The interviewers were debriefed by the project directors after the completion of two interviews each. On the basis of their reports, the interviewers were given guidelines to strengthen their probing in the remaining interviews. Interviews were completed by early August 1993.

The interviews took place approximately 18 months following the transfer of most of the patients to the new facilities. This provided enough time so that the immediate sense of dislocation associated with entering a new environment would have passed. Although it provided sufficient time for the patients to have settled into their new facilities, it does raise the issue of the strength of their memory of their experiences with the relocation process. The advantage concerning the relative merits of the two facilities, however, was that enough time had elapsed so that patients had significant experience in their new settings and a better base of information upon which to base their views and opinions.

V. FINDINGS

While it is not possible to draw any generalizable conclusions from the interview data, several themes and issues are noted that parallel data obtained from the earlier Gerontology Institute survey of family members and patient representatives and the interviews with staff of the closed facilities, DPH staff, and other persons involved in the relocation.

Quality of Care

Interviewed patients were generally positive about the quality of care they were receiving in the new facilities. A common theme was that care in the new facility was equal to or better than that received at the closed public hospitals. Responses on this issue were similar to those obtained in the previous survey of family members and patient representatives. In the previous interviews, DPH staff and others had indicated that some transferred patients were doing better physically and were able to function more on their own because rehabilitation is stressed more in the new facilities than it was in the public hospitals where staff tended to "do too much" for the patients. The experiences of a 90-year-old woman who transferred from Cushing to a nursing home support this observation. In the nursing home, she is encouraged to use her walker to go to the dining room instead of having dinner served to her in her room on a tray as had been the case at Cushing. Also, a 25-year-old man with muscular dystrophy who transferred from Lakeville to Mediplex indicated that the quality of care was the same at the two institutions "with the exception of respiratory therapy which is better at Mediplex." Another man also suffering from muscular dystrophy and also a transferee from Lakeville to Mediplex echoed this feeling and singled out the

"excellent therapies" at Mediplex. This latter patient was working to move to an independent-living setting.

Some patients were critical about the overall quality of care in the new facilities. A 59-year-old woman with paraplegia who was transferred from Lakeville to another state hospital felt that her health was "worse than at Lakeville." She noted that while overall the care she receives now is very good, she attributed her worse state of health to the fact that her current physicians will not prescribe as much medication as she would like. She stated that she takes an "incredible amount of pain killers," but has developed a tolerance and therefore requires more than she now gets to alleviate her pain. An older man transferred from Lakeville to Mediplex also voiced some negative feelings about his care. He noted that his current care was "decidedly less" than it had been. However, he, too, qualified his feelings by saying that his physical needs were being met, but that staff seemed less concerned with his emotional needs.

Homelike Qualities

A major recurring theme in the patient interviews were comments about the "homelike" qualities of the closed public health hospitals. For example, an elderly woman transferred to a nursing home from Cushing indicated that she felt closer to the staff at Cushing because they took a lot of time to socialize with her and were "like family." She elaborated that at Cushing they "would cook a meal together every week," but that the staff at the nursing home were "very busy with their work." Overall, this patient seemed somewhat ambivalent about the move. While indicating that overall she thought she was receiving better care in the nursing home, she nonetheless stated at another point that if Cushing were

open, she would go back. A middle-aged woman transferred from Rutland to a nursing home indicated that "Rutland was warm and homey." Although she found the staff at the nursing home "good," she noted that their availability was limited since the home seemed short-staffed. Similar feelings were expressed by a young man transferred from Lakeville to Mediplex, who noted that while the staff at Mediplex was good, the staff at Lakeville had been better. He noted that Mediplex was "run more as a business with rules, etc." and that it took some time for staff at Mediplex and the transferred patients to adjust to each other. He did note, however, that the staff had become "more flexible" recently. Overall, though, he felt that the "atmosphere at Mediplex was very sterile" and contrasted it with the more homelike feeling of Lakeville. An older man who had transferred from Lakeville to Mediplex expressed similar feelings and noted that he "felt more compassion" from staff at Lakeville. Also, a middle-aged woman who was formerly at Lakeville and now resides at another state hospital indicated that she does not feel that "the staff (at the new facility) can care for the people as well as the staff at Lakeville." She did go on to comment that the staff at the new facility is very good but that Lakeville was better.

The overall impression from the interview data is that patients found the closed public hospitals to be more homelike and informal as compared with their new facilities. They felt staff had more time to socialize with patients in the closed hospitals and to be attentive to their personal needs beyond the physical ones. This finding seems to be supported by findings the previous Gerontology Institute study on the policy context and implementation processes involved in the closure of these three public hospitals. Interviews with staff of the closed facilities as well as with DPH staff and advocates found that "a large number of staff

members had worked in these facilities for many years and had almost a family relationship with patients and fellow staff members."

Quality of Food

One issue that almost all patients had an opinion on was the quality of food in the facilities. For most patients who live comparatively confined lives, the quality of food they eat every day takes on an added importance. Almost all the patients commented on the improved quality of the food in the new facilities as compared to the closed public hospitals. One older woman transferred from Cushing to a nursing home commented that the food at the nursing home was "considered the best in Massachusetts." A 54-year-old woman transferred from Rutland to a nursing home noted that the food at Rutland had been "horrible" but that the food at the nursing home was good. Several patients transferred to Mediplex from Lakeville also praised the food at Mediplex.

There were exceptions to the general finding of better quality of food in the new facilities. One older man transferred from Lakeville to Mediplex felt the Mediplex food was "terrible - everything is prepared with tomato sauce." A former Rutland patient who now resides in a nursing home thought the nursing home food was "not particularly appetizing." Overall, however, the new facilities were seen as providing better food than the closed facilities.

Visitations and Access to Family Members

Some patients indicated that the new facilities were closer to family members and made visitation more convenient and more frequent. One 39-year-old woman who was transferred from Rutland to another state hospital indicated that she was pleased about the

move primarily because she was closer to her parents now and it was much easier for them to visit her frequently. Those who commented on improved accessibility tended to be former Rutland patients. However, an elderly woman transferred from Lakeville to a hospital near Boston indicated she was now much closer to her family and they could visit her more frequently. Only one patient, a 59-year-old woman who had transferred from Lakeville to a public hospital in the northern part of the state, indicated she had fewer visitors because she was further away from her family. Patients' responses in general from these interviews appeared to indicate greater accessibility to family members after the move. This finding is somewhat more positive than results from the earlier and more comprehensive Gerontology Institute survey of family members and representatives of patients which found in general that relocation had no significant effect on frequency of family visits. However, the earlier study also found that accessibility to family was especially improved for former Rutland patients.

Quality of Living Space

Patients also commented frequently on the comparative quality of the living spaces in their former and current facilities. A major issue of concern was the amount of privacy available. There was a significant division of opinion among interviewees on whether they had less or more privacy in the new facilities. Most seemed to feel they had somewhat less. Two elderly women transferred to a nursing home from Cushing noted that they had less privacy because they had a roommate in the new facility. Another elderly woman transferred from Cushing to a nursing home indicated that she had a roommate and got along very well with her although she noted that "at my age, you don't have close friendships." She added that she was very pleased with her new room which overlooked a well-groomed garden.

However, one of these patients indicated that despite this, she liked the overall physical surroundings at the nursing home better. Mixed reviews of their living space also came from two young men transferred from Lakeville to Mediplex. Both indicated that they did not feel they had enough privacy at Mediplex. However, one commented that, overall, he liked the physical surroundings at Mediplex better; the other indicated that the rooms at Mediplex were nicer than at Lakeville even though they were noisier. Several Mediplex residents also commented that the grounds there were not as attractive as at Lakeville and that they did not get out enough. Another Mediplex transferee noted that he now had a smaller living space than previously.

Visits by Physicians

Several patients, particularly those who had left the public hospitals for nursing homes, noted that as a result of the move they had fewer visits from physicians. An older woman transferred from Cushing to a nursing home commented that she saw more doctors before but that was because "Cushing was a hospital; this is a nursing home." She did not see this as a negative, however, since she said that at Cushing all her money was spent on medical care. Another older woman transferred from Rutland to a nursing home also reported less visitation by doctors, noting that she rarely sees a doctor now but that "Rutland was crawling with them." However, this did not appear to be a major problem for her.

Feelings About the Move and the Transfer Process

Most patients indicated that the closure of the public hospitals had made them anxious, upset, and often angry. One 54-year-old woman transferred from Rutland to a nursing home recalled that she was angry and cried when notified about the closing. However, she also

commented that she was feeling well now, and that this was a new and different environment for her and perhaps a change was good. Almost all patients indicated being greatly upset at news of the closures but these feelings generally lasted for only a brief period. Only one patient still indicated deep anger about the closures. The transfer process was seen as relatively smooth, with most people reporting no possessions lost and with the staffs at the new facilities seen as warm and welcoming.

Overall Adjustment

For the most part, patients appear to have made successful adjustments to the move. They have adapted to the new facilities and are generally positive about their current surroundings and care. It was clear, however, that there were still mixed feelings about the move. Patients were divided in terms of preference for the old vs. the new facilities, and it was common for some patients to be ambivalent about the move, liking some aspects of the new facility better and others not as well.

V. DISCUSSION

In interpreting the findings, it is important to remember that the study sample was selected and small and, consequently, the findings do not permit generalization to all patients. The patient interviews were meant only to identify and illuminate issues related to patient experiences with the relocation process and their satisfaction with their new facilities.

The interviews indicate that patients feel they are receiving quality care and are generally positive about most aspects of their care at the new facilities. Patients tend to feel

the care is equal to or better than that received at the closed public hospitals. This finding parallels the result of the earlier survey of family members and patient representatives.

However, there is some sense of loss of "family" feeling that the closed public hospitals were able to engender in their patients. This finding can be interpreted in several ways--one interpretation is based on staff/patient ratios. There is no data on the staff/patient ratios in the public hospitals as compared to that of the patients' current facilities. However, it may be that the staff/patient ratios in the state hospitals were higher and permitted staff to spend more time socializing with patients and attending to them in more personal terms. The fact that the state hospital staff appeared to have time to give patients personal attention can be viewed either as an important positive feature of the state hospitals or as an indication of excessive staffing at the closed facilities and an example of a lack of cost effectiveness of care.

The "family feeling" of the closed hospitals might also be attributed to the fact that many patients had lived in the former facilities for many years and had been cared for by the same staff members over this period. It would be natural for bonds of caring and affection to grow which would be hard to duplicate in a shorter time period in a new facility. Also, many staff at the state hospitals had worked in these facilities for long periods of time whereas nursing homes often experience high staff turnover rates.

This finding concerning the atmosphere of the closed hospitals may have several implications for policy and patient care. Clearly, patients are sensitive to how their emotional as well as their physical needs are being met by staff and to what degree the facility provides a noninstitutional, "homelike" or "family feeling." It may indicate the need for future

research on what constitutes a good "homelike" experience for the residents of such a facility. It may mean that training programs for staff are needed. Also, this finding invites questions concerning appropriate staffing ratios and the factors that should be used considered in determining patient/staff ratios. For example, should staff be expected to get to know patients in a personal way so as to help provide a "homelike setting?" As hospitals and nursing homes face increasing regulation concerning the details of health care delivery, perhaps greater emphasis needs to be put on the more informal and social aspects of the care provided. Attention to this softer dimension of service delivery has generally been neglected in favor of its biomedical aspects.

The findings of this survey also indicate that patients going from the public hospitals to nursing homes were visited much less frequently by physicians in the new facility. This was expected, since one of the goals of the transfers was to place patients at the most appropriate level of care for their needs. Relocation plans were based on individual assessments of each patient's needs and most were indeed found not to require hospital-level care and frequent physician visits; rather, nursing-home-level care was judged to provide the appropriate level of medical attention. None of the interviewees appeared to feel harmed by this kind of change. On the positive side, a number of patients commented on the greater availability of rehabilitative therapies and activities in the new facilities and on their increasing independence. These findings would appear to indicate that the patients interviewed felt their physical needs were being met.

Perhaps the most significant finding about the relocation process is that while most of those patients interviewed were initially upset and anxious about the move, the transfer

process and relocation seem to have gone smoothly, and patients, despite the frailty and severe disabilities of most, seem to have achieved a comfortable adjustment to the facilities. Some like the new facilities better; others clearly preferred the closed public hospitals. Most of those with preferences for the former facilities saw both positive and negative aspects of the move, and only one interviewee seemed to feel strongly negative about the move at the time of the interview.

The findings in general suggest that relocation of old and frail patients can be successful when the transfer process is handled sensitively and patients are transferred to attractive facilities providing high quality care.

GERONTOLOGY INSTITUTE

The University of Massachusetts Boston

Established in 1984, the Gerontology Institute at the University of Massachusetts Boston has as its mission:

1) To focus attention on the economic, social, and political issues and problems confronting the aging population; and 2) To strengthen the ability of older people to make productive contributions in aging services and public policy development.

The Institute furthers the University commitment to the study and development of social policy on aging. Policy research and education is conducted on issues affecting older people and their families, and the Institute serves as an intellectual center for policy-relevant issues in aging. In addition, it assists national, state, and local organizations in analyzing policy issues and formulating policy options on matters concerning the elderly. Core funding is provided by the Massachusetts Legislature. Major projects are funded through grants and contracts.

Programs of the Institute are carried out through the Frank J. Manning Research Division and the Public Policy Division. The three major priority areas for both divisions are: 1) productive aging, that is, opportunities for older people to play useful social roles; 2) long-term care for the elderly; and 3) economic security. The Institute pays particular attention to the special needs of racial and ethnic minority elderly.

The University offers an interdisciplinary Ph.D. program in Gerontology with an emphasis in social policy. It is one of two such programs in the United States. The Gerontology Center in the College of Public and Community Service is a teaching resource for the Ph.D. program along with the Gerontology Institute. In addition, the Institute provides doctoral students with experience in research and policy analysis.

The Institute supports the University's Gerontology Certificate programs as well. A one-year program of concentrated study, the Frank J. Manning Certificate Program in Gerontology prepares older learners for roles in aging services. Most students are over 60 years of age. Through an advanced Gerontological Social Policy Certificate program selected graduates of the Manning program participate in applied research projects within the Institute. The regular involvement of older people helps to assure that Institute projects reflect the concerns of older people.

The Institute also publishes a scholarly peer-reviewed quarterly with an international perspective, the Journal of Aging & Social Policy.

Since it formation, the Institute has been directed by Scott A. Bass, Ph.D. It has a diverse, multigenerational, multicultural permanent faculty and staff of approximately 16 people.